2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P98000023981 IN & OUT INSULATION, INC. Principal Place of Business Mailing Address 16280 ARBOR RIDGE DR. 16290 ARBOR RIDGE DR. FT. MYERS FL 33908 FT. MYERS FL 33908 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country 6. Name and Address of Current Registered Agent KEATING, DAVID 16280 ARBOR RIDGE DR. FT. MYERS FL 33908

Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

KEATING, DAVID J

FT. MYERS FL 33908

JOHNSON, DANIEL J

FT. MYERS FL 33908

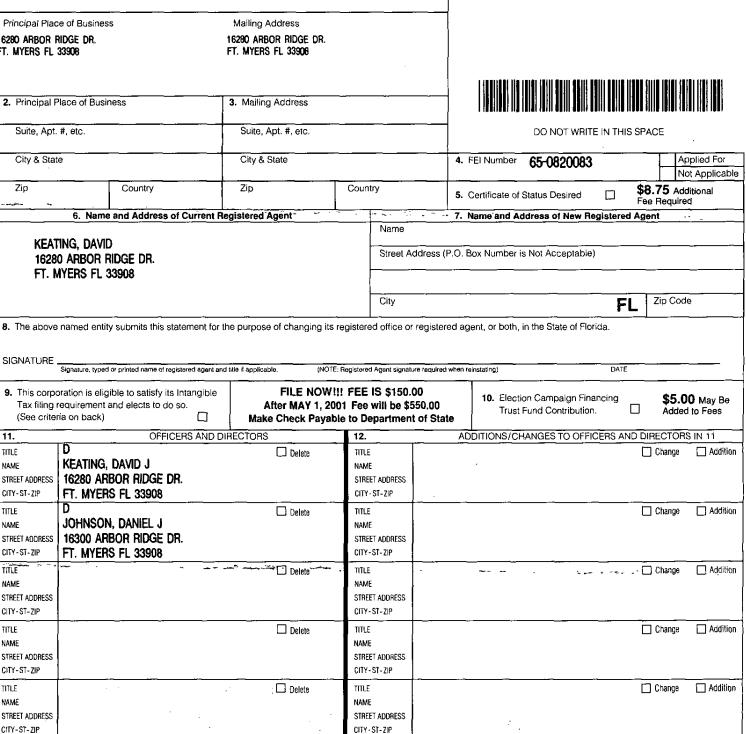
16280 ARBOR RIDGE DR.

16300 ARBOR RIDGE DR.

(See criteria on back)

Mar 26, 2001 8:00 am **Secretary of State**

03-26-2001 90153 025 ***150.00



I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

☐ Delete

☐ Delete

Delete

☐ Delete

Delete

☐ Delete

12.

TITLE

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP TITLE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

SIGNATURE

11.

TITLE

TITLE

NAME

TITLE

NAME

TITLE NAME

TITLE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIF TITLE

CITY-ST-ZIP

CITY-ST-ZIP

AME OF SIGNING OFFICER OR DIRECTOR

☐ Change

☐ Addition